DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Provider: COOPERATIVE FOR HUMAN SERVICES

Provider Address: 420 Bedford St, Ste. 100 , Lexington

Name of Person Completing Form: Gale Alles

Date(s) of Review: 22-APR-21 to 21-JUN-21

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	8/8

Summary of Findings

Administrative Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L48
Indicator	HRC

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Area Need Improvement	The Human Rights Committee lacked consistent attendance from members with legal and medical expertise. The agency needs to ensure that all Human Rights Committee Meetings function effectively by ensuring that input is consistently garnered from all mandated members, including members with legal and medical expertise.
Process Utilized to correct and review indicator	CHS will ensure consistent participation from all HRC members. HRC committee members who plan to be absent from a meeting will be provided in advance with an agenda and any relevant documents requiring their expertise and review. These will be distributed to the committee for consideration.
Status at follow-up	All members present at May HRC committee meeting and fully participated. Process for collecting input ahead of a planned member absence was discussed as agenda item and agreed to by participants.
Rating	Met
Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	Of the 10 restraint reports reviewed over the previous 13 months, three had been created outside of the required 3-day timeline, and five restraint reports had not been reviewed and finalized by management within the required 5 day timeline. The agency needs to ensure that all restraint reports are created, reviewed, and finalized within the required timelines.
Process Utilized to correct and review indicator	CHS modified its internal restraint reporting process by establishing two points of entry into HCSIS within 24 hours. Additional information required to update the initial report is reported within 72 hours. Report dates are tracked by CHS management who will review and finalize reports within the required 5 day period.

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Status at follow-up	Reviewed HCSIS restraint reports 4/21/21 - 6/1/21 for submissions timelines; no late submissions during time period - 100% compliance achieved.
Rating	Met

Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	Three medication treatment plans for those prescribed behavior modifying medications were missing baseline and/or historical data, and for some, current data for review by the treating clinician to assess the efficacy of the plan and a process to reduce or eliminate the need for the medication. The agency needs to ensure that the plans include data, both historical and current, from which to measure the success of the medication over time, and some criteria for re-evaluation, including a measure of success, and a plan to fade or discontinue the medication based on the re-evaluation.
Process Utilized to correct and review indicator	CHS collects and tracks behavior data specifically related to behavior medications as listed on the behavior modifying medication treatment plan (BMMTP) as prescribed by the PCP. Behavioral data is collected daily, compiled monthly/annually by the CHS clinical team. CHS will ensure that both baseline and historical data is included in the electronic workbook when reviewed and signed by the guardian and physician.
Status at follow-up	Conducted audit of 23 ISP documents submitted since 4-21-21; each included electronic workbooks containing baseline data charts, historical data, re-evaluation plans if applicable and re-evaluation criteria.
Rating	Met
Indicator #	L67

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Indicator	Money mgmt. plan
Area Need Improvement	Some individuals for whom the agency had delegated or shared financial management oversight did not have a financial training plan, and for others, agreement from the guardian for the financial management plan had not been obtained. The agency needs to establish a detailed written plan of how support is being provided to each individual so that each person is supported to actively develop skills with regard to money management. The agency also needs to ensure that it obtains agreement from the guardians for these money management plans.
Process Utilized to correct and review indicator	Audit conducted of ISP financial plans written from April 21 through June 2021. 81% of plans include a learning component. The remaining plans will have a component added. Electronic tracking system for Division Manager use is in place.
Status at follow-up	The organization will review existing financial plans to ensure consistent compliance and prepare written support plans where needed with review and agreement reached with guardians. Program Directors will review plans with individuals served to increase their financial knowledge, competence and include this in monthly progress summaries. Division Managers will conduct quarterly audits to further ensure compliance.
Rating	Met
Indicator #	L79
Indicator	Restraint training
Area Need Improvement	There were instances at three locations of untrained staff having utilized emergency physical restraints. The agency needs to ensure that all applicable staff are trained in a DDS approved emergency restraint curriculum and prepared for potential emergencies requiring the implementation of physical restraints.

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Process Utilized to correct and review indicator	All staff requiring restraint (PABC) training will be trained by June 12, 2021. Thereafter, CHS will offer in-person PABC training on a quarterly basis to ensure all applicable staff are prepared for possible emergencies that require the use of a restraint. CHS will enroll new staff who are assigned to work in programs requiring PABC (5 homes) to appropriate training upon hire. It should be noted that over the past 14 months, there have been restrictions, set by DDS, on in-person trainings due to the pandemic, which played a direct role in not having the ability to train staff during that period.
Status at follow-up	PABC training scheduled on 6/7- 6/10 for staff assigned to five PABC homes. Quarterly training scheduled 7/19 - 7/21/21.
Rating	Met
Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For 4 individuals, assessments had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that assessments are completed in preparation for the ISP and submitted in accordance with regulatory requirements.
Process Utilized to correct and review indicator	CHS has modified its process of monitoring submission dates for ISP assessments to meet the required timelines using a 45-day review period prior to submission as best practice. CHS Support Coordinators monitor alerts and communicate with Program Directors to submit ISP documentation for internal review and submission of information at a minimum 15 days prior to the ISP required date.
Status at follow-up	Reviewed HCSIS ISP reports 4/21/21 - 6/1/21 for ISP assessment submissions; no late submissions during time period - 100% compliance achieved.
Rating	Met

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Indicator #	L89
Indicator	Complaint and resolution process
Area Need Improvement	The required complaint resolution process was not being followed. In particular, a complaint log in the home was not being utilized. The agency needs to ensure that the expectations for reporting and responding to complaints is occurring, including documentation of all complaints within the log as required.
Process Utilized to correct and review indicator	A copy of the complaint and resolution process is present at each ABI home. An electronic log sheet was created to accurately and efficiently track complaints and resolutions. Individuals will be reminded of the complaint process available and the Division Manager will review the log monthly to ensure compliance.
Status at follow-up	Complaint logs present at four ABI home locations; staff and individuals trained on use and monitoring. Organization is tracking evidence of Division Manager monthly reviews.
Rating	Met
Indicator #	L91
Indicator	Incident management
Area Need Improvement	Incident reports at 9 sites were not created and/or submitted within the required timelines. The agency needs to ensure that all incident reports are created, reviewed, and submitted within the required timelines.
Process Utilized to correct and review indicator	CHS has modified its process for incident reporting and now submits reports within the 24 or 72-hour required timeline regardless of whether an internal investigation is in progress. Any additional material information obtained is then added to the report and finalized in HCSIS within required timelines.

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Status at follow-up	Reviewed HCSIS Incident Reports reports 4/21/21 - 6/1/21 for submission dates audit. Six out of 31 total reports were deemed late = 81% compliance.
Rating	Met